



CITY OF EAST ORANGE 2016 SUMMER YOUTH COLLEGE INTERN PROGRAM

Mayor's Office of Employment & Training

90 Halsted Street, 2nd Floor

East Orange, New Jersey 07018

Phone: (973) 677-8914 Fax: (973) 673-4529 Email: Youth-2000@eastorange-nj.gov

PERSONAL INFORMATION:

REFERRED BY: _____ DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ DATE OF BIRTH: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? ☐ YES ☐ NO A VEHICLE? ☐ YES ☐ NO

EDUCATIONAL BACKGROUND:

COLLEGE/UNIVERSITY: _____

LOCATION: _____

ARE YOU CURRENTLY ENROLLED IN SCHOOL? ☐ YES ☐ NO

☐ FRESHMAN ☐ SOPHMORE ☐ JUNIOR ☐ SENIOR ☐ GRADUATE PROGRAM

MAJORS/MINORS: _____

PERSONAL BACKGROUND INFORMATION:

ARE YOU RELATED TO OR DO YOU KNOW ANYONE CURRENTLY EMPLOYED WITH THE CITY OF EAST ORANGE? ☐ YES ☐ NO IF SO WHO? _____

DO YOU HAVE ANY SPECIAL NEEDS? ☐ YES ☐ NO IF YES, EXPLAIN : _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? ☐ YES ☐ NO

**** In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.****

ARE YOU WILLING TO UNDERGO A PHYSICAL, DRUG SCREENING AND BACKGROUND CHECK?

☐ YES ☐ NO

ARE YOU ABLE TO COMMIT 30-40 HOURS A WEEK DURING OFFICE HOURS (M-F 8:30AM 4:30PM)?

☐ YES ☐ NO

INTERESTS:

WHICH FIELDS WOULD YOU BE INTERESTED IN? (Check all that apply)

- | | | | | |
|-------------------------------------|------------------------------------|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Fine Art | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Business | <input type="checkbox"/> Health/Medical |
| <input type="checkbox"/> Management | <input type="checkbox"/> Economics | <input type="checkbox"/> Education | <input type="checkbox"/> Computer Science | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Government | <input type="checkbox"/> Finance | <input type="checkbox"/> Environmental | <input type="checkbox"/> History | <input type="checkbox"/> Journalism |
| <input type="checkbox"/> Film/TV | <input type="checkbox"/> Law | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Physics | <input type="checkbox"/> Other _____ |
-

WORK HISTORY:

MOST RECENT EMPLOYER:

COMPANY NAME: _____ **LOCATION:** _____

TITLE/POSITION: _____ **RATE OF PAY:** _____

DATES OF EMPLOYMENT: _____

JOB RESPONSIBILITIES/DUTIES: _____

REASON FOR LEAVING: _____

SUPERVISOR: _____ **PHONE NUMBER:** _____

PAST INTERNSHIP:

COMPANY NAME: _____ **LOCATION:** _____

TITLE OF INTERNSHIP: _____ **DATES:** _____

WAS THE INTERNSHIP? _____ **NON PAID** or _____ **PAID - SALARY:** _____

JOB RESPONSIBILITIES/DUTIES: _____

SUPERVISOR: _____ **PHONE NUMBER:** _____

I certify that all of the above information is correct and accurate to the best of my knowledge. I understand that I must also submit an up to date resume, cover letter, transcript and letter of recommendation to be considered for this internship. I understand that completing this application does not guarantee employment.

SIGNATURE: _____ **DATE:** _____